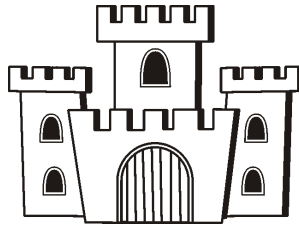


# Children's Castle EduCare

4990 Roberts Road  
Hilliard, OH 43026  
PH: 614-527-8445  
FAX: 614-850-0207  
[www.childrencastle.org](http://www.childrencastle.org)



- Nationally Accredited
- Locally Acclaimed
- Infants, Toddlers, Pre-School
- School-Agers, Summer Camp
- e-Smart Kids Tutoring Program
- Christian Curriculum
- Serving Hilliard since 1999!

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## ENROLLMENT FORM

Thank-you for choosing Children's Castle EduCare! We offer a wonderful, developmentally-appropriate program for young children in a Christian environment! We are thrilled to have you join our family.

To begin your child's enrollment, please complete and return the forms stapled together here. The forms may seem extensive, however it is for your child's benefit that we should have all of the information on file. Please be sure to complete each form. Accompanying this form needs to be the following:

- \$50.00 Non-Refundable Registration Fee
- 2-Week Security Deposit or \$200.00, whichever is less
  - *this is not your first 2 weeks of tuition*
  - *Security Deposits are refundable at the end of your enrollment tenure*

In addition, the Physician's Medical form is due within 30 days of your child's first day of attendance.

Once you are assigned a start date, you must provide us a written notice at least 2 weeks prior to that start date should you choose not to attend the center. Failure to do so will result in the loss of your 2-week security deposit.

Finally, as new enrollees, please let us know at any time if you have any questions! We are here for you, and want to make this transition as comfortable for you and your family as possible! Many blessings!

=====OFFICE USE ONLY=====
Date Rec'd:
Reg Fee Amt Pd:
Reg Fee Check #:
Deposit Amt Pd:
Deposit Check #:
Clsm Assign:
Date Start:

## CHILD CARE SCHEDULE REQUEST & CONTRACT

Children's Castle EduCare is open from 6:30 am to 6:00 pm. You may request a schedule of 2 days, 3 days, 4 days, or 5 days per week. Please understand that we will do everything we can to accommodate your requested schedule as best we can. However, there are times when a part-time schedule needs to be adjusted. Please be flexible with us as we partner with you to find a schedule that works for the classroom. Unless there is a special arrangement, we do not do "half" days. You must register for a minimum of 2 days per week. Thank you!

Please check attendance requested:

Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Start Date Needed:

\* = We accept all children regardless of faith, gender, nationality, or any other factor. We determine the optimum classroom for children in each age group using factors such as the maturity of the child, how well potty trained, and space availability based upon enrollment levels.

### PERMISSION TO PHOTOGRAPH & UPLOAD TO LIFECUBBY.ME:

From time to time, CCE children will be photographed and/or videotaped (usually class parties, field trips, etc)! Photos and videos are used for a number of reasons, including gifts for parents, classroom photo albums, portfolios, advertising, etc. Children's Castle also uses the web application [www.lifecubby.me](http://www.lifecubby.me) for photo uploading to students' on-line portfolios. Children's Castle will create a "cubby" for your child on the website. Parents can have their own accounts at [www.lifecubby.me](http://www.lifecubby.me), and can view their child's portfolio (cubby) there any time. Assessments for Parent-Teacher conferences are also done at [www.lifecubby.me](http://www.lifecubby.me). Some video and/or photographs may also be posted on the Children's Castle website or in promotional materials. I grant permission by signing below. I can always revoke this permission at any time.

### PERMISSION TO GO ON WALKS / USE THE UN-FENCED PLAYGROUND AREAS:

Classes periodically participate in "Walks" on our property and also use our un-fenced playground areas for field games, such as soccer and tag (the field behind the playground). The teachers are always with the children, and ratios are always maintained. I grant permission by signing below.

### CONTRACT TERMS SIGNATURE:

Using the current fee schedule provided in the packet, I agree to pay CCE's tuition either monthly or weekly, regardless of days the center might be closed (please see the "Parent Handbook" for a holiday list). Weekly tuition is due on Fridays for the upcoming week. Monthly tuition is due by the 31<sup>st</sup> of the prior month. A late fee of \$1 per day will be charged for delinquent tuition payments. Should I choose to withdraw this child, I will provide the center a written notice submitted a minimum of 2 weeks prior to my child's last day of attendance. I understand that I will be responsible for the final 2 weeks of tuition regardless of attendance. I also understand that a late fee of \$1 per minute will be charged if this child is not picked-up by 6:00 pm. This is payable directly to the teacher who stayed late for me. I understand and will abide by any/all applicable additional annual fees (Renewal Fee, Curriculum Fee, Technology Fee, Activity Fee). I also understand that tuition and fees will be increased (usually annually), and will abide by those increases. Finally, I also agree to the Policies & Procedures outlined in the Parent Handbook.

By signing below, I agree to all of the conditions defined above.

	Mother	Father
<b>Signature</b>		
<b>Date</b>		
<b>Phone</b>		
<b>E-mail</b>		

*NOTE: This Application does not guarantee that a spot is immediately available for your child, nor does it guarantee indefinite continued enrollment. As a private company, we reserve the right to dismiss a child at any time without notice and for any reason, including: inappropriate conduct by the child which cannot be controlled by the staff; parents' failure to pay tuition; parents' mistreatment of the staff; parents' disregard for center policy; or any other reason which may occur, etc.*

**PERMISSION TO PICK-UP:**

Please use the space below to indicate persons other than the child's mother and father (or primary guardian(s) listed on the front of this form) who have permission to pick-up the child.

Person's Name	Relationship to Child

**BACKGROUND INFORMATION:**

Please provide a brief description of your child. Include information such as the following:

- Special Eating Habits
- Napping Habits
- Favorite Games, Toys, and Books
- Special Talents
- Past Childcare Experiences
- Describe the child's family, including siblings and pets
- Different Languages
- Changes or Transitions
- Routines
- Cultural Practices

Background info...

Ohio Department of Job and Family Services  
**CHILD ENROLLMENT AND HEALTH INFORMATION  
 FOR CHILD CARE CENTERS AND TYPE A HOMES**

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

Child's Name [REDACTED]		Date of Birth [REDACTED]	First Day at Center [REDACTED]	
Home Address [REDACTED]			City [REDACTED]	
State [REDACTED]	Zip Code [REDACTED]	Home Telephone Number [REDACTED]		
Parent/Guardian Name [REDACTED]		Relationship to Child [REDACTED]		
Home Address [REDACTED]		Home Telephone Number [REDACTED]		
City [REDACTED]		State [REDACTED]	Zip [REDACTED]	
Email Address (if applicable) [REDACTED]		Cell Phone [REDACTED]		
Parent's Work/School Telephone Number [REDACTED]		Parent's Work/School Name [REDACTED]		
Parent's Work/School Address [REDACTED]			City [REDACTED]	
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email				
<b>Where can you be reached while your child is in this program?</b> [REDACTED]				
Parent/Guardian Name [REDACTED]		Relationship to Child [REDACTED]		
Home Address [REDACTED]		Home Telephone Number [REDACTED]		
City [REDACTED]		State [REDACTED]	Zip [REDACTED]	
Email Address (if applicable) [REDACTED]		Cell Phone [REDACTED]		
Parent's Work/School Telephone Number [REDACTED]		Parent's Work/School Name [REDACTED]		
Parent's Work/School Address [REDACTED]			City [REDACTED]	
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email				
<b>Where can you be reached while your child is in this program?</b> [REDACTED]				
<b>Emergency Contacts:</b> Parents <u>cannot be listed</u> as emergency contacts. List the name of <u>at least one person</u> who can be contacted in the event of an emergency or illness if you cannot be reached. Any person listed should be able to assist in contacting you. At least one person listed must be within one hour of the center/home, able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.				
Name [REDACTED]		Name [REDACTED]		
City [REDACTED]	State [REDACTED]	City [REDACTED]	State [REDACTED]	
Telephone Number [REDACTED]	Relationship to Child [REDACTED]	Telephone Number [REDACTED]	Relationship to Child [REDACTED]	
Other numbers where emergency contact can be reached (if applicable) [REDACTED]		Other numbers where emergency contact can be reached (if applicable) [REDACTED]		
Name of Physician or Clinic/Hospital [REDACTED]				
Street Address [REDACTED]				
City [REDACTED]		State [REDACTED]	Telephone Number [REDACTED]	

Child's Name  
[REDACTED]

### Allergies, Special Health or Medical Conditions, and Food Supplements

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Medical/Physical Care Plan" or equivalent form and/or the JFS 01217 "Request for Administration of Medication" must be completed and be kept on file at the center or type A home.

Does your child have any food, medication or environmental allergies? *(check all that apply)*

- No  
 Yes - check all that apply     Food     Medication     Environmental    Please list and explain:  
[REDACTED]

Does your child's allergy/allergies require child care staff to monitor child for symptoms, take action if a reaction occurs, or give emergency medication to your child? *(check one)*

- No  
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Does your child have a special health or medical condition? *(check one)*

- No  
 Yes - please explain  
[REDACTED]

Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? *(check one)*

- No  
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? *(check one)*

- No  
 Yes - please explain  
[REDACTED]

If yes, does this medication, food supplement, or medical food need to be administered at the child care center/type A home?

- No  
 Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication, food supplement or medical food.  
 N/A - program does not administer any medications.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? *(check one)*

- No  
 Yes - please explain  
[REDACTED]

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

- No  
 Yes - written instructions from the child's health care provider must be on the JFS 01217 "Request for Administration of Medication."  
 N/A - child does not attend a full time program.

Child's Name _____
List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical personnel in an emergency situation. _____
List any additional information about your child that would be useful for staff to know, such as fears, eating or sleeping habits, or special routines. This information should not be medical or health related, as that information should be included on the previous page. _____

**Diapering Statement**

Is your child toilet trained? <input type="checkbox"/> Yes (If yes, skip to Emergency Transportation Authorization section) <input type="checkbox"/> No (If no, fill out the following)
The program's policy is to check diapers every _____ hours. Please indicate if you want your child's diaper checked according to the center/type A home's policy or another:
<input type="checkbox"/> I agree with the program's schedule <input type="checkbox"/> I do not agree, please check my child's diaper every _____ hours.

**Emergency Transportation Authorization**

<b>Give <u>Permission</u> to Transport</b>	<b>OR</b>	<b>Do Not Give <u>Permission</u> to Transport</b>
Center or Type A Home Name _____	Do not sign both	Center or Type A Home Name _____
<b>has permission</b> to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.		<b>does not have permission</b> to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:
Parent's Signature _____ Date _____		Parent's Signature _____ Date _____

**Acknowledgement of Policies and Procedures**

I have reviewed and received a copy of the center's or type A home's policies and procedures/handbook.     Yes     No  
(check one)

This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care. After the child is attending the program the administrator shall have the parent/guardian review and initial the form when any changes/updates are made and at least annually. The parent/guardian and the administrator or designee shall initial and date the form in the section below to indicate when the form was last reviewed.

Parent/Guardian Signature(s)	Date
Administrator/Designee Signature	Date

The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.

Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

Note: This is a prescribed form which must be used by centers and type A homes to meet the requirements of rules 5101:2-12-37 and 5101:2-13-37. This form must be on file at the center or type A home on or before the child's first day of attendance and thereafter while the child is enrolled.